

Application Data Sheet

Application Information

Application Number::	Unassigned
Filing Date::	February 24, 2004
Application Type::	Continuation
Subject Matter::	Utility
CD-ROM or CD-R::	None
Title::	COMPUTER IMPLEMENTED MEDICAL INTEGRATED DECISION SUPPORT SYSTEM
Attorney Docket Number::	103864.100US2
Request for Early Publication?::	No
Request for Non Publication?::	No
Total Drawing Sheets:	25
Small Entity?::	No
Petition Included?::	No
Secrecy Order in Parent Application?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Thomas
Family Name::	BRINKMAN
City of Residence::	Sparta
State or Province of Residence::	New Jersey
Country of Residence::	United States
Street of mailing address::	c/o Medco Health Solutions, Inc., 100 Parsons Pond Drive
City of mailing address::	Franklin Lakes

State or Province of mailing address:: New Jersey
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 07417

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Wayne
Family Name:: GATTINELLA
City of Residence:: Greenwich
State or Province of Residence:: Connecticut
Country of Residence:: United States
Street of mailing address:: c/o Medco Health Solutions, Inc., 100 Parsons
Pond Drive
City of mailing address:: Franklin Lakes
State or Province of mailing address:: New Jersey
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 07417

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: William
Family Name:: KLEINFELTER
City of Residence:: Ivyland
State or Province of Residence:: Pennsylvania
Country of Residence:: United States
Street of mailing address:: c/o Medco Health Solutions, Inc., 100 Parsons
Pond Drive
City of mailing address:: Franklin Lakes

State or Province of mailing address:: New Jersey
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 07417

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Glen
Family Name:: STETTIN
City of Residence:: Upper Saddle River
State or Province of Residence:: New Jersey
Country of Residence:: United States
Street of mailing address:: c/o Medco Health Solutions, Inc., 100 Parsons
Pond Drive
City of mailing address:: Franklin Lakes
State or Province of mailing address:: New Jersey
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 07417

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: David
Family Name:: ANGARAN
City of Residence:: Powell
State or Province of Residence:: Ohio
Country of Residence:: United States
Street of mailing address:: c/o Medco Health Solutions, Inc., 100 Parsons
Pond Drive
City of mailing address:: Franklin Lakes
State or Province of mailing address:: New Jersey

Country of mailing address:: United States

Postal or Zip Code of mailing address:: 07417

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity

Given Name:: J.

Middle Name:: Russell

Family Name:: TEAGARDEN

City of Residence:: Brookfield

State or Province of Residence:: Connecticut

Country of Residence:: United States

Street of mailing address:: c/o Medco Health Solutions, Inc., 100 Parsons
Pond Drive

City of mailing address:: Franklin Lakes

State or Province of mailing address:: New Jersey

Country of mailing address:: United States

Postal or Zip Code of mailing address:: 07417

Correspondence Information

Correspondence Customer Number:: 24395

Phone number:: 202-942-8400

Fax number:: 202-942-8484

Representative Information

Representative Customer Number::	24395	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation	09/161,960	September 29, 1998
09/161,960	Non-provisional	60/060,554	September 30, 1997

Assignment Information

Assignee Name:: Medco Health Solutions, Inc.
Street of mailing address:: 100 Parsons Pond Drive
City of mailing address:: Franklin Lakes
State or Province of mailing address:: New Jersey
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 07417